



STUDENT RECORD RELEASE

One copy of this page to be completed for each school from which records are required.

RELEASING SCHOOL

Name: _____

Address: _____

Fax#: _____

Date: _____

RECEIVING SCHOOL

Name: Sussex Christian School

Address: 45 Chapman Drive
Sussex, NB E4E 1M4

Fax#: (506) 433-3402

My child(ren) has/have withdrawn from your school. Please release their academic and health records to the above-named receiving school.

| Student's Name: (First-Last) | Age | Grade Level at Time of Withdrawal |
|------------------------------|-----|-----------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Signature(s):

Parental Signature

Date

Receiving School Signature

Date